

Mayor Opened Armory to Evacuees

"It [was] impossible to see the devastation and chaos without feeling a deep sense of sadness over the disaster that's struck the Gulf Coast," Mayor Williams said. "In times like this, we all have an obligation to pitch in and do what we can to relieve the suffering." The District provided evacuees with immediate assistance such as food, water, shelter and clothing, and provided them with a safe place to rest while cleanup and recovery got underway in the stricken area. The

mayor praised the DC Council member David Catania for his efforts to help raise funds and coordinate the effort. In addition, the mayor said the Washington Metropolitan Area Transit Authority, the Metropolitan Police Department, the Departments of Health, Mental Health and Social Services, DC Public Schools, the University of the District of Columbia and the Sports and Entertainment Commission—and others—all helped to make the unprecedented plan a reality.

Nurse Evacuees Fees Waived: This is to notify that the Board of Nursing has agreed to waive the licensure fee for nurses relocating to DC due to Hurricane Katrina. And for nurses arriving without information identifying them as a licensed nurse, we will work with them to verify their licensure status. Please let us know if you need additional assistance. (See page 3 of *DC NURSE: REP* for our contact information.)

DC Nurses Volunteer at the Armory

Interview with Sherry B. Adams, RN, BS, CPM, Assistant Senior Deputy Director, Emergency Health and Medical Administration (EHMSA), an administration within the Department of Health.

Q How did the nurses get involved in the Katrina Hurricane response efforts? How were they recruited to volunteer?

A The Nurses involved in the District of Columbia effort staffed the first aid stations at the DC Armory. It began as a 24/7 operation. By the time all evacuees had been moved to permanent housing the stations were operated during the day only. The main resource for nursing power was the Nurses from the various agencies of the DC Department of Health. Nurses not with the Department of Health called or emailed their desire to help and their availability.

Q How were the volunteer-nurses' duties assigned?

A It was established that the first aid stations were for simple problems and anything more should be sent to the hospital. All Nurses were given those instructions, but all were prepared for the unknown. Eight-hour shifts were established, but a person could work less.

Q What duties did they perform? Treat wounds/injuries? Did they have to do mental health counseling (listening to people talk about their concerns)?

A Nurses were able to treat simple wounds/injuries, take vital signs, and do assessments of all complaints. It was then decided if a person needed to be seen by the health care entity (e.g. Unity) or be sent directly to the hospital. With ambulances standing by for transport, evacuees were sent to either DC General Urgent Care (which had extended its hours to 2:00 am), or to a hospital. The Department of Mental Health was available for mental health counseling.

Q Did the RNs have adequate medical supplies?

A Yes, the Department of Health was responsible for purchasing, stocking, and restocking all supplies.

Q How did their nursing practice change being in the middle of the emergency response as opposed to their normal nursing practice?

A As this was basic healthcare and assessments, nurses who normally worked in emergency rooms or intensive care had to get used to not doing everything you can for the patient in the Armory setting.

Q Were the nurses supervising other volunteers?

A No, all Nurses remained with the first aid stations.

Q Where did the nurses sleep/live during their time of volunteer service?

A All Nurses went home at the end of their shifts.

Q When a nurse volunteers, what is the typical time period of volunteer service (i.e., 2-weeks)? Did the nurse-volunteers have to take “vacation days” in order to be relieved of their regular job duties?

A As Nurses were assigned to eight-hour shifts, there was no limitation on their volunteer time. It was up to the non-Department of Health Nurses to arrange time to volunteer. Usually those who did volunteer were on vacation or had arranged time off.

Q Did the RNs work for the Red Cross?

A All the RNs recruited by the Department of Health assisted in the effort put forth by the Department of Health. As the majority of Red Cross affiliated Nurses had been deployed to the affected states, it was necessary for the District to recruit its own pool of Nurses.

Q Were the nurses encouraged or forbidden to do any particular duties?

A The medical team was reminded that the first aid station was there to provide basic care, evaluate any problems, and refer the evacuee

for proper care. Hence the first aid station was not the place for intravenous medications, continuous observation, or lengthy exams.

Q Is there anything that should be done by the government or non-governmental responders so that nurses are better utilized (or recruited) during an emergency response?

A The recruitment and establishment of a Nursing Corps, and the continuous training and certification of the members that prepares them to handle emergency preparedness responses.

“Thank You” to Nurse Volunteers

During the days following the hurricane several nurses participated in providing nursing care and items of support to the evacuees at the DC Armory. An initial call was made to the command post at the DC General Campus

and I was informed of some of the needs of several evacuees. We provided diapers, clothing, specific size underclothing and blouses, socks, men’s slacks, reading glasses, and baby strollers.

I would like to thank these

nurses Cassandra Morgan, M. Zarita Pearson, Barbara Scott, Rachel Smith, Annie Wallace, and Kathy Williams. I would also like to thank James Morgan for her participation in this project.

—**Novella Jackson, RN**

Spirit of the St. Bernard Parish

The 70-something year old grandfather of one of my co-workers (Debra) has still not evacuated from his home in St. Bernard Parish. He has been living on the second floor of his house (the first floor was flooded...it was part of the gulf of Mexico for a while). Since the waters receded, he has cleaned his yard and is working his way through the neighborhood cleaning up the streets and sidewalks. His son (a policeman in St. Bernard) is keeping him in water, ice, and supplies. The old man raised his American flag every day at sun up and was upset that it was lost in the storm...so he had his son find him a new one. The “new” flag was muddy, so the old man washed it (in the bottled water provided for his daily consumption) and it looks like new. This old guy’s picture...flying his flag...was in the local paper and picked up by the NY Times. (His family is horrified that he was in his shrimp boots when the picture was taken). The man actually cooks every day over a ster-

no flame...he made gumbo yesterday and shared it with Debra. His major complaint is that he is unable to get his favorite brand of coffee. He is also irritated that his neighbors’ yards are not up to snuff. Everyday, he gets up with the sun and makes repairs to his home....he is almost finished his roof....70-something and he is up on the roof! He is driving his family nuts. I love his spirit. His granddaughter, Debra, has the same spirit...in fact I am fortunate to have a couple of co-workers from St. Bernard...they are all the same...hard workers...tough.... smart.... and slightly wacky...(I was born and raised in St. Bernard and still claim it as home...so I can say that...but nobody else can).

Again, thanks for asking about how we’re doing down here....we’re doing okay.

—**Claire Doody Glaviano, RN, MN, APRN,**
Executive Director Louisiana State Board
of Practical Nurse Examiners

A Life Changing Experience

—excerpts from first-hand account from the Chief Nursing Officer (CNO) at Biloxi Regional Medical Center

If you came down here and saw first hand the death and destruction on the coast from Ocean Springs to Waveland Mississippi, you would see that there is NO WAY that Biloxi Regional Medical Center should still be standing.

All of our staff, to the best of our knowledge, survived the storm as far as no major injury or death. Everyone is blessed to be alive. However, a large percentage of our staff have suffered catastrophic losses of homes and belongings. Many, many, many of us have lost absolutely everything we own, myself included. My home was...demolished... Some of my pets were in a kennel ...that more than likely no longer exists. Everyone continues to put all of the personal loss behind them and tend to the patients, our first priority...

Most of the patients do not know the extent of the loss of the healthcare workers that are caring for them.

And, they shouldn't know it. It should not be their burden.

You just would not believe it here. The city of Biloxi has no water, so we have had no water to run our air conditioners. Of course we have had mid-90 degree weather. Inside, it has to be well over 100 degrees. Of course, this also means that we cannot bathe or flush toilets... We must constantly watch the staff for heat exhaustion in addition to watching the patients for the same thing. We have had only generator power, so, in order to conserve the generator power, there were frequent and extended times that the elevators were not working. (We have 6 floors in our hospital.)

We had been cut off from all outside communication. During the storm, we lost cable, so could not monitor the weather. Our EOC radio did not work, the phones went down and the cell phones would work very sporadically.

Windows in patient rooms started flying in and we had to evacuate the patients out of their rooms and into the hallways. Ceiling tiles were ripped from the ceiling...glass was flying all over the room. We had to try to nail the doors shut...the broken windows were trying to suck everything out.

We then had to evacuate the 6th floor patients to the 1st floor. We no sooner got 38 patients from Med Surg down to the first floor, when it became apparent that the Gulf of Mexico was in our hospital loading dock, just about ready to lap over into the ER...

We finally were able to start getting in touch with corporate and once that happened and they started getting a list of our needs, things got mobilized really fast...Our sister HMA employees are arriving to help and they are a

godsend! Supplies and ice and fuel and clothes and chocolate and our every need is being seen to. You would just bust down and cry if you could see the response from our Mississippi Division and all of Corporate and our sister hospitals.

Yesterday evening, I got my first chance to get out of the building and walk around a little bit. It is 100% totally overwhelming. It smells like death and destruction. It looks like someone dropped a big bomb on us. Almost everything is gone or has been moved to a new location.

Our ER and grounds look like a M.A.S.H. Unit. There are injured people everywhere. Our morgue is filling up. There are not enough shelters for the stranded, hungry, thirsty people that are approaching our hospital hourly.

Our nurses, doctors, techs, therapists, and everyone else has been fantastic throughout. The commitment and dedication to the great responsibility of caring for the patients in our community that have been entrusted to our care and protection has been evident this week. It is an awesome and humbling experience to say that I am their Chief Nursing Officer. With a lesser crew, we would not have survived as long as we have. I can't say that I wish this experience on anyone, but I do know, it is and will continue to be, a life changing experience.

God bless you and thank you for praying for us!

**—Sandra B. Marshall,
Senior Vice President
Division of Nursing**

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do not know the
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■ By **Amy Braun, RN** • Amy is a nurse in the ICU at GWU Hospital

"You get more than you give..." —GWU Hospital Volunteers serve in Louisiana

On September 12, 2005, a group of us from George Washington University Hospital flew down to Baton Rouge, Louisiana. Our flights were donated by Angel Flight network. We were represented by Global Crossroads and received our mission from the Department of Health. Our group consisted of 8 doctors, a nurse practitioner, 3 fourth-year medical students, 4 registered nurses and 3 emergency medical technicians (EMTs). We camped out on the Jimmy Swaggart complex, which was also the command center headquarters so our "tent city" was among many and afforded us some basic luxuries like three hot meals a day provided by a local restaurant and access to showers at a gym across the street. Mother Nature cooperated by only raining twice during the week and often a gentle breeze could be felt at night.

When the hurricane hit New Orleans, the physician who organized this trip began what turned into many days of attempts to get a mission. She utilized her resources and put forth a lot of effort into making it actually happen. In disaster situations like this, as you know, many people drop everything and just "show up." Although it is a very compassionate thing to do, it often becomes futile due to the initial disorganization and chaos. I am so grateful for her persistence.

For me to be able to join the team required finding coverage for my upcoming scheduled shifts in the ICU. Many of the people I work with are very tender human beings who care deeply for others and were eager to assist. My partner and son were both extremely supportive and I knew I didn't



need to worry about anything when it came to that aspect of my life.

Once we arrived at the site, set up our tent city, I knew it was going to be an amazing week.

Each evening, our leader would get our missions from the command center. We broke up into small groups (typically a doctor, a nurse and either a medical student or a tech) and were assigned to either a medical clinic or shelter. We would be transported to the clinics via ambulance. This allowed us to get to know paramedics and EMTs from around the country who had also responded to the catastrophe.

My first day was spent administering immunizations to newly arrived tree cutters, construction workers and clean up crews, paramedics, EMTs and police officers. Anyone who would be going down into the water and mud in New Orleans needed a minimum of a tetanus shot. The CDC was changing the guidelines daily on Hepatitis A and B vaccinations as they were concerned about the supply.

Three of my days were spent working directly with evacuees in the River Center Shelter. It was shocking to see the rows of cots inside the massive struc-

ture with people moving about and keeping their little ones in tow. There were only 2500 evacuees there at that time, although the shelter could house up to 5000.

We arrived just as a virus had made its way through the building and we were inundated with complaints of diarrhea, nausea and vomiting. All the baby blankets and bottles were thrown out and new ones reissued. Everyone had to use the antibacterial hand sanitizers.

The bathrooms were being cleaned hourly by additional environmental services workers. Menus were changed in the dietary department. Over the next couple of days, the GI complaints decreased and it seemed as though the "bug" was under control. We also saw many people who had upper respiratory issues, high blood pressure, coronary artery disease, diabetes and leg wounds. We did a lot of preventive teaching and gave immunizations. The last day we had a supply of flu shots and began to give those to the elderly evacuees. We didn't perform CPR or major surgery (thank goodness!) but we helped with basic medical care and got to do some hand holding, which is such an honor.

It was so interesting to hear these people's stories. One dialysis patient told me he had spent three and a half hours on his roof with his beloved German Shepherd. When a helicopter came to his rescue, at first they wouldn't take his dog so he wouldn't accept their help. Eventually they put both the patient and the dog in the basket and airlifted them out.

The children in the shelter were amazing! They were smiling and run-

ning around. Toys were distributed by the Red Cross. The kids would get picked up by school buses each morning so their parents could concentrate their efforts on finances, housing, paperwork, etc. Every hour or so, an announcement would be made telling of a bus scheduled to depart later that day for various cities throughout the United States (i.e., "If anyone is interested in relocating to Portland, Oregon, please report to the desk at entrance G.") I just couldn't imagine making a life-altering decision at the drop of a dime like that.

My other days were spent in New Orleans at various clinics. One of the clinics was located at the Omni Royal Orleans Hotel in the French Quarter. We didn't see very many patients that day so after lunch, we went out for a walk in the famous city streets. There was no electricity. One bar was open (the owner had a generator) and it was filled with people. They had music and drinks and were very friendly.

My most bothersome memory involves a search and recovery mission in the projects in one of the worst hit parts of the city. Three of us watched as the NOPD, FBI and Army National Guard knocked down doors to apartments that will probably never be occupied again. The lines from the standing water were well above our heads. The odor was putrid. We did not find any bodies but did rescue three dogs. All three were doing surprisingly well despite surviving on toilet water and

whatever scraps they could find inside the apartment. The ASPCA took them to an animal shelter.

One of my best memories involves a very special man named Wilfred. Wilfred drove us to and from the River Center Shelter. He is a full-time employee for the Public Health Department in Baton Rouge and offered his services as a driver. We had mentioned to Wilfred that we would be interested in attending a church service on Sunday. On Sunday morning, he picked us up and drove us to Greater St. James Baptist Church of Baton Rouge. When we walked in to the quaint small building and filled up three of the pews, we realized he was the preacher! It was a Sunday morning I'm sure none of us will ever forget. We were obviously emotional from the week's events and being in that environment with the music and the welcoming congregation, it was like the floodgates had been opened. The music alone was just incredible with all the people singing and clapping and participating so vibrantly. The presence of the Lord was undeniable. Many tears were shed and I left feeling so alive!

It was the perfect ending to an incredible week filled with remarkable people. Words cannot express how grateful I am to have experienced it. Now understand what people have meant throughout the years when I have heard them say "Volunteering is actually selfish; you get more than you give." It is so true.

On-going Need for Volunteers

FLORIDA DEPARTMENT OF HEALTH: Practitioners licensed in any state, can register at this website www.disasterhelp.net/gulfoast.

DC AREA VOLUNTEER OPPORTUNITIES: To volunteer call (202) 727-7925, or send email to: Millicent.Williams@dc.gov or go to www.cnscs.dc.gov.

AMERICAN RED CROSS: Go online at www.redcrossdc.org and click "How to Volunteer" or to www.redcross.org

APPLICATION TO SERVE ON COIN COMMITTEE

(Committee on Impaired Nurses)

The DC Board of Nursing currently has openings for COIN committee members. Members of the committee volunteer their time to work with impaired nurses. The COIN supervises the operation of a rehabilitation program for nurses licensed in the District of Columbia. COIN's purpose is to provide an alternative to the Board's disciplinary process for nurses impaired due to drug/alcohol dependence and/or mental illness.

The Board is looking for nurses (LPNs, RNs, or APRNs) experienced in substance abuse or mental illness.

The COIN meets every third Friday of the month from 9:00 am-11:00 am. Members, on a rotating basis, are also expected to lead a support group for nurses in the program from 12:00 noon – 1:00 pm on the same day as our meetings.

All COIN activities remain confidential.

The Committee on Impaired Nurses (COIN) was established in 2000 with the passage of the "Nurses Rehabilitation Act."

COIN COMMITTEE APPLICATION:

NAME

DC LICENSE

ADDRESS

CITY / STATE / ZIP

E-MAIL ADDRESS

PHONE

CURRENT PLACE OF WORK

CURRENT POSITION

BRIEFLY DISCUSS HOW YOUR EDUCATIONAL PREPARATION AND/OR
EXPERIENCE QUALIFIES YOU FOR THIS COMMITTEE

**Forward the above information along with your resume
to Karen Scipio-Skinner:**

E-mail: karen.skinner@dc.gov

Fax: (202) 727-8471

Mail: Karen Scipio-Skinner

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